PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									16656853							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL!	ENTITY	OR		THAN ENTITY				
TOTAL CLAIMS			33					RATE	FEE	7	RATE	FEE				
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00				
TOTAL CHARGEABLE CLAIMS			3,3 minus 20=		• 1	3		X\$ 9≈		OR	XS18=	234				
ΙN	DEPENDENT (	5 minus 3 =		9			X43=	<del>                                     </del>	1	X86≃						
MULTIPLE DEPENDENT CLAIM PRESENT						П			<del>                                     </del>	OR		177				
* If the difference in column 1 is less than zero, entering in column 2						column 2		+145=	<u> </u>	OR	+290=	•				
CLAIMS AS AMENDED - PART II								TOTAL	L	JOR	TOTAL	1136				
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	. 33	Minus	-3.	3	=		X\$ 9=	/	OR	XS18=/					
AME	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT	<u>5</u>	<u> -</u>		X43=	/	OR	X86=					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	7	OR	<b>+290=</b>					
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE					
		(Column 1)		(Colum	ın 2)	(Column 3)	^	DU11. PEE	<del></del>	•	AUUII. FEE					
AMENDMENT B	410/4	CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
NON	Total	. 27	Minus	- 33		- 6'		X\$ 9=		OR	X\$18=	1				
AME	Independent FIRST PRESE	• 5 NTATION OF MU	Minus LTIPLE DEP	ENDENT	CLAIM	-		X43=		OR	X86=					
								+145=		OR	+290=					
		,				•	<u></u> ΔΙ	TOTAL		OR ,	TOTAL ADDIT, FEE	/ ~~				
		(Column 1)		(Colum	n 2)	(Column 3)	74	5011.1 22			NOON, PEE					
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAIC F	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Įį	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=					
E L	Independent		Minus	***		e	-	X43=	<del></del>	ı	X86=					
1	FIRST PRESE	NTATION OF MUI	TIPLE DEP	ENDENT (	CLAIM		-	A-0=		OR	∧00=					
• 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									оя [	+290=					
li	"Il the "Highest number Previously Paid For" IN THIS SPACE is less than 20 anily "20 "															
T	he "Highest Numb	er Previously Paid	For (Total or I	ndependent	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT, FEE											

Application or Docket Number